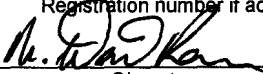


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 20643/0203982-USO Digeo 75	
Application Number      09/866,558-Conf. #4801		Filed      May 24, 2001	
For <b>SYSTEM AND METHOD TO PROVIDE AN INTERACTIVE COUPON CHANNEL VIA A VIDEO CASTING NETWORK</b>			
Art Unit      2617		Examiner      V. Srivastava	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60      \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. <del>Form PTO-2038 is attached.</del>			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> deficiencies The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      04-0100      I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      35,333			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____			
 _____ Signature		_____ April 28, 2006 Date	
M. David Ream _____ Typed or printed name		(206) 262-8900 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of      1      forms are submitted.			